

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/743898** | FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1		1
3	2		1	
4	0		1	
5	0			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0		1	
12	1		1	
13	1		1	
14	2		1	
15	0		1	
16	0		1	
17	0		1	
18	0		1	
19	0		1	
20	0		1	
21	1		1	
22	0			
23	6			
24	1		1	
25	1		1	
26	1			
27	3		1	
28	3		1	
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL			4	
TOTAL			24	
TOTAL				
IMS			24	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								